



MAYOR'S OFFICE OF EMERGENCY MANGEMENT

EMERGENCY OPERATIONS CENTER

Volunteer ESU Application

Please print or type all information clearly.

This application is required for membership and must be filled out in its entirety, including the background authorization form at the end.

NAME: _____
LAST FIRST MIDDLE

HOME ADDRESS: _____
STREET CITY STATE ZIP

BUSINESS NAME/ADDRESS: _____

STREET CITY STATE ZIP

HOME PHONE: _____ WORK PHONE: _____ PAGER/CELL: _____

ARE YOU OVER THE AGE OF 21 YEARS? ☐ YES ☐ NO

ARE YOU A US CITIZEN OR AUTHORIZED TO BE IN THE UNITED STATES? ☐ YES ☐ NO
Non-citizens may be required to present current resident alien card.

HAVE YOU EVER BEEN CONVICTED OF A DUI, DWI OR SUBSTANCE ABUSE? ☐ YES ☐ NO

WOULD YOU AGREE TO SUBMIT TO A DRUG TEST AT ANY TIME DURING YOUR MEMBERSHIP IF REQUESTED? ☐ YES ☐ NO

HAVE YOU EVER BEEN CONVICTED OF VIOLATION OF THE LAW OTHER THAN MINOR TRAFFIC OFFENSES? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN:

DRIVERS LICENSE NUMBER: _____ STATE: _____

MILITARY SERVICE: BRANCH _____ RANK AT DISCHARGE _____

PRESENT STATUS _____

HIGHEST GRADE COMPLETED IN SCHOOL: _____

DO YOU HAVE ANY PRIOR EXPERIENCE IN RESCUE WORK? ☐YES ☐NO

IF YES, PLEASE FILL OUT THE FOLLOWING:

NAME OF AGENCY _____CITY AND STATE _____

LENGTH OF MEMBERSHIP _____ NAME OF SENIOR OFFICER _____

TELEPHONE NUMBER OF SENIOR OFFICER _____

WERE YOU: DISMISSED ☐ PLACED INACTIVE ☐ TRANSFERRED ☐ RESIGNED ☐

OTHER ☐ REASON _____

LIST ALL SPECIAL TRAINING COURSES THAT YOU HAVE TAKEN. IF YOU ARE CURRENTLY CERTIFIED, WRITE THE EXPIRATION DATE BESIDE THE COURSE.

(EMT, CPR) _____

LIST YOUR PAST THREE EMPLOYERS BEGINNING WITH THE MOST RECENT

DATE WORKED MONTH AND YEAR	COMPANY NAME , ADDRESS AND PHONE NUMBER	IMMEDIATE SUPERVISOR TO BE CONTACTED

PLEASE LIST THREE PERSONAL CHARACTER REFERENCES OTHER THAN RELATIVES.

NAME	ADDRESS	TELEPHONE NUMBER

IF ACCEPTED, APPROXIMATELY WHAT HOURS WOULD YOU BE AVAILABLE?
PLEASE USE AM AND PM WITH TIMES.

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

IF ACCEPTED, ARE THERE ANY UNIQUE CIRCUMSTANCES WE SHOULD BE AWARE OF TO ASSIST YOU IN
PERFORMING YOUR DUTIES? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN: _____

IF ACCEPTED, ARE THERE ANY SPECIAL ACCOMMODATIONS YOU WOULD NEED TO PERFORM YOUR
DUTIES? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN? _____

HOW DID YOU FIND OUT ABOUT THE ESU PROGRAM?

WHAT PROMPTED YOU TO JOIN THIS ORGANIZATION?

I hereby acknowledge my complete understanding that the standby assignment I am volunteering for carries with it the requirement that I will, without question, obey and execute to the best of my ability the lawful orders of those designated to supervise and command my activities, that I am to complete all assigned training course, and that any violation or disregard of the rules and regulations of the Emergency Support Unit (ESU) will be cause for disciplinary action or dismissal. Furthermore, I understand that any false statements intentionally made in my application disqualifies me for membership in the Office of Emergency Management, Emergency Support Unit, and by witness of my signature herein, grant the Director of Emergency Management authority to verify statements herein contained. I understand that in compliance with Tennessee State Law, all applications are subject to public disclosure.

APPLICANT'S SIGNATURE

DATE

Metropolitan Government of Nashville & Davidson County

NOTIFICATION AND AUTHORIZATION TO RELEASE BACKGROUND INFORMATION

Name (please print): _____

Other Names Used (alias, maiden, nickname) _____

Address (street, city, state, zip): _____

Social Security #: ____ - ____ - ____ Date of Birth: ____/____/____ * (month/day/year)

Driver's License #: _____ State of Issuance: _____

I, the undersigned, do hereby authorize The Mayor's Office of Emergency Management by and through the Emergency Communications Center, to procure the necessary background report(s) on me. The reports may include education verifications; my driving history, including any traffic citations; a social security number verification; criminal and civil history/records; any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative background report of which I am subject upon my written request to the Emergency Communications Center. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et.seq.

I authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to The Mayor's Office of Emergency Management including but not limited to any courts, public agencies, law enforcement agencies, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I agree to release The Mayor's Office of Emergency Management, the Emergency Communications Center, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing an investigative background report hereby authorized. I understand that this Authorization/Release form shall remain in effect for the duration of my volunteer assignment with the Metropolitan Government of Nashville / Mayor's Office of Emergency Management.

Applicant Signature_____
Date_____
Witnessed by_____
Date

* The DOB is necessary in order to perform a timely background check. This information is utilized solely to ensure accurate identification.